

CASE STUDY

CLAIM AUDIT LEADS TO SIGNIFICANT SAVINGS & MORE

Problem

Rapidly Changing Program in Need of Fresh Perspective

A prominent self-insured organization faced significant challenges within its insurance programs. As leadership within the organization began to change, and the program continued to evolve, it was clear a third-party audit was needed to keep up with these changes.

SISCO was contracted to complete this audit, and found more than just claim issues beneath the surface.

Audit Process

Our team began its audit by requesting a detailed five-year loss run report and access to the current claim system. From there, we conducted interviews with staff as needed, taking an in-depth look at the program as a whole.

Findings

Once completed, our team found several pain points:



Internal Communication Challenges



Conflicting Philosophies



Training Lapses



Compliance Issues



Underdeveloped Practices



Antiquated Technology

Solution

After unearthing these issues, the SISCO team compiled a comprehensive report. This report provided the client with a detailed summary of each risk as well as strategies targeted towards addressing those exposures. Much like a home inspector works for homebuyers, our team provided a comprehensive plan of action to become more efficient, stay in compliance and mitigate risks.

We broke our findings down into the following categories:

- » Compliance
- » Controls
- » Claim Administration Process
- » Reserving Practices
- » Vendors
- » Staffing

Results

This audit and report resulted in significant cost savings and a long-term partnership between the client and SISCO.

The client enjoyed the following benefits:

Financial	Compliance	Internal Efficiencies
<ul style="list-style-type: none">✓ Discovered and collected \$750,000 in outstanding subrogation and third-party collections.	<ul style="list-style-type: none">✓ Claims handled with less bias; third-party claim review leveled the playing field regarding compensability decisions.	<ul style="list-style-type: none">✓ Improved communication, creating a cohesive organizational philosophy and culture.
<ul style="list-style-type: none">✓ Eliminated the need for a new claim system.	<ul style="list-style-type: none">✓ More accurate claim resolution.	<ul style="list-style-type: none">✓ Discovered and addressed improperly trained staff.
<ul style="list-style-type: none">✓ Appropriate financial controls established.	<ul style="list-style-type: none">✓ Brought into compliance for both present and future regulatory changes.	<ul style="list-style-type: none">✓ Appropriate staffing numbers met after discovering fewer staff members were needed.
		<ul style="list-style-type: none">✓ Developed actionable analytics.

Questions? Lets Talk
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